



CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
Home Improvement Contractor Program

1000 Washington Street, Suite 710, Boston, MA 02118
617-973-8787 FAX (617) 727-3771
www.mass.gov/HomelImprovement

JAY ASH
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

JOHN C. CHAPMAN
UNDERSECRETARY

REGISTERED CONTRACTOR CHANGE OF ADDRESS FORM

Registered Contractor Name: _____ HIC Registration # _____

Business Name (if any): _____

Mailing Address: _____

City/Town: _____ State: _____ Zip code: _____

Work Phone # _____ Mobile Phone # _____

Home Phone # _____ Email Address: _____

***All fields are required to be filled out when requesting a change of address.**

Contractor Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____

Date Processed: _____

Processed By: _____